2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108172

Entity Name: DERMATOLOGY OF BOCA LLC

Current Principal Place of Business:	**New Principal Place of Business:**
4601 NORTH FEDERAL HWY BOCA RATON, FL 33431 US	

Current Mailing Address:	**New Mailing Address:**
951 BROKEN SOUND PARKWAY SUITE 115 BOCA RATON, FL 33487 US	

FEI Number: 01-0877731   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
INTEGRATED DERMATOLOGY , LLC 951 BROKEN SOUND PKWY SUITE 115 BOCA RATON, FL 33487 US	PBC DERM LLC 951 BROKEN SOUND PKWY SUITE 115 BOCA RATON, FL 33487 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANDREW QUEEN   04/25/2008
_____
                Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete		Title:	MGR (X) Change ( ) Addition
Name:	INTEGRATED DERMATOLO, GY, LLC		Name:	PBC DERM LLC,
Address:	951 BROKEN SOUND PARKWAY		Address:	951 BROKEN SOUND PARKWAY
City-St-Zip:	BOCA RATON, FL 33487 US		City-St-Zip:	BOCA RATON, FL 33487 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANDREW QUEEN   MGR   04/25/2008
_____
     Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date